

REQUEST TO POST VACANT NON-CRITICAL CARE POSITION(S) AND/OR REQUEST FOR CRITICAL/NON-CRITICAL SALARY ACTION(S)

Division/Location: _____

Date: _____ ☐ Critical ☐ Non-Critical Funding Split _____

Budget Code: _____ Center/Account Number: _____

PERSONNEL ACTION REQUESTED:

☐ Post vacant non-critical ☐ Reallocation
☐ Promotion ☐ In-Range
☐ Other salary action: _____

POSITION INFORMATION:

Classification	15-Digit Position No.	Date Vacated	Budgeted Salary	Current Salary	Proposed Salary

Current Salary Grade	Proposed Salary Grade	% Salary Increase Requested	Amount of Salary Reserve Needed	Employee's Name or Name of New Hire

JUSTIFICATION of request/reasons for filling and the impact on the organization if not filled.

If this is a reclassification request, also include proposed new classification and grade.

[Use reverse side or attachment for additional space.]

APPROVED:

Division Budget Officer Date

Division Director Date

Assistant Secretary Date

DHHS Human Resources Office Date

Secretary Carmen Hooker Odom Date

NOT APPROVED:

Division Budget Officer Date

Division Director Date

Assistant Secretary Date

DHHS Human Resources Office Date

Secretary Carmen Hooker Odom Date